



Louisiana
Office of the Governor
State Board of Examiners
of Interior Designers

11736 Newcastle Avenue, Bldg. 2, Suite C
Baton Rouge, LA 70816

Telephone 225.295.8425 Fax 225.304.6655
Website: www.lsbid.org Email: admin@lsbid.org

REQUIREMENTS FOR INTERIOR DESIGN LICENSING

This application is used to apply to become a Registered Interior Designer in the State of Louisiana. Your completed application must be received at least 7 days prior to a regularly scheduled board meeting in order for the Board to approve your license. Board meeting dates are listed on the 'calendar' page of www.lsbid.org. Please use this checklist to be sure that you have complied with all requirements.

APPLICATION FORM

Complete the attached form and have it notarized.

PHOTO

Attach a passport size photograph taken within the past 6 months. The photo will be used for your license, if approved.

APPLICATION FEE

\$150.00 payable to the LA State Board of Examiners of Interior Designers via check, money order, or use the attached credit card processing request form. Application fees are nonrefundable.

SCHOOL TRANSCRIPTS AND PROOF OF PROFESSIONAL EXPERIENCE

Applicants must have a combination of six years of experience and education as follows: a five year degree plus one year of experience in the field; or, a four year degree plus two years of experience; or, a three year degree plus three years of experience; or, a two year degree plus four years of experience in the field. Notarized documents showing employment in the field of design are required. The school from which the applicant has received his degree must be accredited by CIDA - the Council for Interior Design Accreditation. Applicants from non-accredited programs must submit the course copy and curriculum for Board review.

Applicant must submit:

- Official sealed school transcript from institution where highest level of education was attained. (may be mailed directly from institution)
- Verification of professional experience- notarized statements from current and/or past employers. (ex. If you have a four year degree, this letter must verify 2 years of experience)

NCIDQ VERIFICATION

Provide official verification of examination passage. This is obtained directly from NCIDQ using your 'My NCIDQ' account.

CERTIFICATE OF STANDING (only if licensed in other states)

Submit a Certificate of Standing from each jurisdiction in which you are currently licensed.

All licenses expire on December 31st annually.



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APPLICATION FOR INTERIOR DESIGN LICENSING

Applicants must read the LA State Board of Examiners of Interior Designers' Statutes and Regulations found on our website prior to completing and submitting this application. Signing this application indicates you have done so and that you understand and will comply with all laws and regulations.

Last Name		First Name		Middle or Maiden	
Social Security Number		Date of Birth		Company Name	
Home Address			Work Address		
City/State/Zip			City/State/Zip		
Parish of Residence	Home Phone	Business Phone		Cell Phone	
Email address			Professional Affiliations (NCIDQ, ASID, IIDA, etc)		
Would you like correspondence sent to your work or home address?					

Education attach a separate piece of paper if additional space is needed

	Name of School	Degree Earned	Date Graduated
College or University			
College or University			
College or University			

Work Experience attach a separate piece of paper if additional space is needed

Name of Employer	Address	Full or Part Time	Dates Employed	Position

For Office Use Only:

Date received	Amount	Form of payment	Picture	Transcripts	Professional Experience	NCIDQ

Have you ever been previously licensed in Louisiana? If so, under what name? Yes No

Have you ever been licensed in another jurisdiction? (Past or present) Yes No

Please list the jurisdiction(s) and submit a 'Certificate of Standing' for each *current* registration.

Have you received military training or experience as an interior designer? Yes No

Are you a military spouse that is licensed, registered, or certified as an interior designer in another jurisdiction? Yes No

If you answer 'yes' to any of the following questions, please attach an explanation on a separate sheet.

Have you ever been denied an interior design license in any jurisdiction? Yes No

Have you ever had an interior design license suspended, revoked, or denied? Yes No

Have you ever been disciplined by the licensing authority in another jurisdiction? Yes No

Is there any action pending against you in connection with an interior design license? Yes No

Have you ever been convicted of or plead guilty to any crime, other than a minor traffic violation? Yes No

FIRM REGISTRATION- (in state applicants only)

Are you a firm owner or in a supervisory position within your firm? If yes, please see the Firm Registration application on our website to determine if your firm needs to be registered. (There is no fee for firm registration) Yes No

REFERENCES - Please list three references who will attest to your reputation and adherence to ethical standards.

Name of Reference	Contact Information	Relationship

I, _____, swear and affirm that the information on this application is true and correct to the best of my knowledge.

Signature: _____

Sworn to and subscribed before me this _____ day of _____, 20_____



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CERTIFICATE OF STANDING

(To be completed *only* if licensed in another jurisdiction)

Applicant: Please mail this form to each state or jurisdiction in which you are currently registered for verification. This form should be forwarded directly from that jurisdiction to the Louisiana State Board of Examiners of Interior Designers.

Jurisdiction: Please furnish this Certificate of Standing for the following applicant for Louisiana Interior Design registration and return directly to the Louisiana State Board of Interior Designers using the above listed address.

To be completed by Applicant:

Last Name	First Name	Name of Jurisdiction
License # in named Jurisdiction	Date originally issued in named jurisdiction	Date certificate or registration expires

To be completed by Regulating Jurisdiction:

Basis of application in your jurisdiction (circle one)		
examination	reciprocity	other (attach explanation)
Is current registration or license in good standing? (circle one)		
Yes	No (attach explanation)	
Are there any pending complaints or history of complaints against this applicant? (circle one)		
Yes (attach explanation)	No	

Certified by: _____
(Print or Type) Name Title

Signature Date

BOARD SEAL

CREDIT CARD PROCESSING REQUEST

VISA, MasterCard, Discover ONLY

NAME ON CREDIT CARD : _____

CREDIT CARD NUMBER : _____

EXPIRATION DATE : _____

BILLING ZIP CODE : _____

I understand the following will be charged to my credit card :

Fee: \$150

Treasurer of the State of Louisiana has approved a \$5.00 processing fee added each time a credit card is used.

SIGNATURE: _____